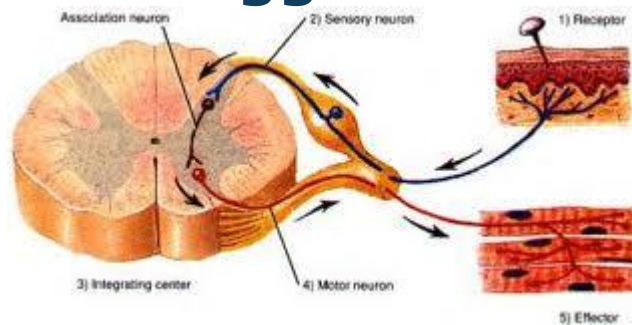


The Trigger Point Approach!



It may surprise you to know that, "around 75% of pain clinic patients have a trigger point as the sole source of their pain", (Travell, Janet; Simons David; Simons Lois (1999). *Myo-fascial Pain and Dysfunction: The Trigger Point Manual* (2 vol. set, 2nd Ed.). USA: Lippincott Williams & Williams).

This was stated by the foremost expert in the field of Trigger Point Therapy research, Doctor Janet Travell. Dr Travell spent her whole lifetime studying & researching Myo-fascial Trigger Points (MTrP's) up until her passing at 95 years' old, she was regarded the world over as the foremost expert in this field.

So highly regarded, she was the White House physician over two presidencies starting with John F. Kennedy.

People who suffer from, Head Aches, Back Pain, Neck Pain, Shoulder or Arm Pain, Hip or leg pain, Tendonitis or any other musculoskeletal pain, are almost certain to have MTrP's as either a major causative factor or a secondary factor contributing to much of their pain. Even spinal disc and neurological pain can have underlying TrP's that can greatly increase their symptoms if not treated.

Unless you have undergone treatment specifically aimed at deactivating underlying Trigger Points (TrP's), you will find most treatments including; Massage, Physiotherapy, Chiropractic, Osteopathy, Acupuncture, even Cortisone Injections, will only support short term results or no results at all! This is because, once activated, TrP's are self-perpetuating and will only respond to specific targeted treatment to release them. Untreated TrP's frequently result in persistent symptoms, over many years.

Unfortunately, TrP's do not show up with almost all of the current imaging methods, including X-ray, MRI, CT & Ultra-Sound, add to this the fact that many Doctors and even specialists know little about MTrP's, leads to many patients suffering needless ongoing symptoms



What are trigger points?

A trigger point (TrP) can be defined as a hyperirritable point within a taut band of muscle, (a tender "knot" in the muscle tissue). There are approximately 200 paired muscles that can develop trigger points; the trapezius muscle in the upper shoulder is an example of a very common TrP. The muscle fibres involved become taut & rope like, with a hard tender nodule that is painful when pressed and often causes referred pain at a site quite distant from the trigger point itself.

Another example is the gluteus minimus muscle in the hip, which can cause pain on the outside & back of the leg down to the ankle, (See diagram left). This is quite often mistaken for "sciatic" pain. It is due to the fact that TrP pain symptoms can, and quite often are, at a region of the body distant from the TrP, that they go largely undiagnosed. As with the gluteus minimus TrP, there are a great number of other TrP's that have

similar referral patterns to that of nerve compression syndromes. These include "sciatica", "carpel tunnel", and many of the "pinched spinal nerves" syndromes in the neck or lower back. Headaches, neck & jaw pain, lower back pain, "tennis elbow", plantar fasciitis and many other conditions can be a direct result of unresolved TrP's.



World renowned pioneers of Trigger Point Research, Drs Travell and Simons, have found TrP's to be the source of pain in the shoulder, wrist, hip, knee and ankle joints that is so often mistaken for arthritis, tendinitis, bursitis or ligament pain. TrP's can cause symptoms as diverse as dizziness, earaches, tinnitus, sinusitis, nausea, heartburn, false heart pain, genital pain and numbness in the hands and feet. Even fibromyalgia may have its beginnings with Myo-fascial Trigger Points, and they are at the very root of Myo-fascial Pain Syndrome, (MPS). Adding to the problem, most health professionals know very little about TrP's and their referral patterns, and as they don't show up on X-Ray, CT or other forms of imaging, go largely undiagnosed and un-treated.

What Causes Trigger Points

Trigger Points can manifest due to a wide range of "irritable factors". A TrP may develop following an acute muscular strain or traumatic event such as during a car accident, a fall, sprain or fracture, or excessive or unusual exercise. Chronic overload of the muscles used to maintain posture due to poor sitting, working or sleeping habits, or any repetitive movements may also result in TrP formation.

We all tend to have movement or posture patterns which can lead to muscular imbalances & the formation of TrP's. In addition TrP's can also form due to poor core stability, incorrect bending & lifting, disc injuries or degenerative conditions & injured or compressed spinal or peripheral nerves. If the spinal nerves become compressed or irritated, the muscles that the nerves supply become more irritable and likely to develop TrP's. The deep muscles that surround & protect the spine also tighten and develop TrPs, which further compress the nerves, leading to a "vicious cycle" of "pain - contraction - dysfunction". If this is suspected, your therapist will treat the spinal level involved and any extremity pain that may have resulted. It should be noted that you don't always get "spinal pain" in these instances.



An example of this is pain in your shoulder, elbow or hand being the result of a problem in your neck. If you have hip, knee or foot pain you will usually benefit from treatment of your low back. Other factors involved with TrP's are chronic internal diseases, some prescription medication, nutritional deficiencies - especially vitamins C, B-complex and iron, hormonal imbalance, (low thyroid hormone levels, premenstrual or menopausal), infections, allergies, tension, stress, inactivity poor sleep and smoking. As you can see there can be many factors associated with Myo-fascial tightness & the development of TrP's. As a general rule though, you could consider the "mechanical" factors, (those which directly effect the musculoskeletal system) as well as the neurological factors

above to be the primary cause of TrP's. The other factors mentioned could be considered secondary or contributing to "Trigger" a pre-existing "latent" Trigger Points.

Active & Latent Trigger Points

All trigger points are painful when palpated, refer pain in a common pattern unique to that TrP, cause restrictions in the ability to stretch & weaknesses in the muscles ability to contract. The difference between active & latent TrP's is that only active TrP's cause perceivable pain. That deep dull aching, burning or cramping feeling either at rest or during activity or when holding certain body postures.

For the majority of people, only when the pain gets bad enough will they seek treatment, some times the pain eases by itself or after a number of treatments only to return a Week, a Month or maybe 6 Months later. If this sounds like a common pattern you go through, it could be that you are harbouring trigger points that are fluctuating between an "active" and "latent" state. While a "latent" TrP may not cause perceivable pain, it is still there, and the reduced function and overall stress placed on the musculoskeletal system often leads to incorrect "compensatory" movement patterns.



This will cause further widespread problems and even early degenerative changes due to increased stress and tension on bones and joints associated with the effected muscles. Latent TrP's could be considered the "silent killers"! This is why it is important to seek a comprehensive treatment plan that aims at completely eradicating all TrP's and any causative factors. See Treatment Page of this website.